PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

60005719-2

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			26					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			26 minus 20=		* 6			X\$ 9=		OR	X\$18=	108
INDEPENDENT CLAIMS			S mir	nus 3 =	" 2			X42=		OR	X84=	168
MULTIPLE DEPENDENT CLAIM PF			RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2		TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PAF						(Column 3) SMALL ENTITY			NTITY	OR	OTHER SMALL I	
		(Column 1) CLAIMS	1		mn 2) HEST	(Column 3)	1 1	JMALL), i		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	·
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		j	+140=		OR	+280=	
										OR	TOTAL ADDIT, FEE	
		(Column 1)			ADDIT. FEE		•	ADDIT. FEE				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	IMN 2) HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	- 0	-		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
	TOTAL ADDIT. FEE										TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER YIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	##		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***]=	1	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDEN						L					1
If the cottor in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR										OR	ADDIT. FEE	
l "	TI THE THIGHEST NO	ATTINOT FLOVIOUSLY	cid Cost (Total	or Indonor	adont) is th	a highest numb	her fo	und in the an	oropriate bo	x in co	olumn 1	